

Lawrence County
Request for Additional Appropriation
(Please complete all information)

1. Department: Extention
2. Department Head: Lesky Lodmell
3. Fund Number: 1000.11407.0011
(include line and location e.g. 1000.11100.0002)
4. Fund Name: Clerical Full Time
5. This is a request for an additional appropriation of \$ 1859.15
6. Date of Council consideration: 8-25-26

FILED

AUG 06 2026

Martha J. Arnold-Turner
LAWRENCE COUNTY AUDITOR

7. Amount Budgeted For current year	Amount Spent to date	Additional Transfers
\$	\$	\$

8. Current Balance:

9. Justification for request: need additional to cover

10. What options are available? last 2 pays in 2025

11. How will this affect your future budget?

12. Does this affect the total number of personnel: (Y or N)

13. If this is an additional position, please attach a job description (Y or N)

Lesky Lodmell
Signature of Department Head

8-6-26
Date

These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date

REQUEST FOR ADDITIONAL APPROPRIATIONS

FILED

JUL 29 2026

Martha A. Arnold-Turner
LAWRENCE COUNTY AUDITOR

1. Department: Prosecutor
2. Department Head: Samuel C. Arp II
3. Account Number: 1009
4. Fund Name: Prosecutor General County General
5. This is a request for an additional appropriation of \$ 9,000.00 1000-11807-00000-0009
Certified Legal Intern
6. Date of Council consideration: 8/25/2026
7. Amount Budgeted for current year \$ _____ Amount Spent to date \$ _____ Additional to date \$ _____
8. Current Balance: \$ _____ Reinstate line for Certified legal intern
and transfer \$9000.00 from 1009-11801
to reinstated line for certified legal intern.
9. Justification for request: _____
10. What options are available? _____
11. How will this affect your future budget? _____
12. Does this affect the total number of personnel positions? _____
13. If this is an additional position, please attach a job description. _____

Samuel C. Arp II
SIGNATURE OF DEPARTMENT HEAD

7/29/2026
DATE

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AUDITOR

DATE

Lawrence County Request for Additional Appropriation

1. Department: Cum Bridge
2. Department Head: Brian Sowder
3. Fund Number: 1135-0000-23200
4. Fund Name: Cum Bridge
5. This is a request for an additional appropriation of \$458,299.10
6. Date of Council consideration: 8-25-26
7.

Amount Budgeted For current year \$	Amount Spent to date	Additional Transfers
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8. Current Balance:
9. Justification for request: Bridge Overlays
10. What options are available?
11. How will this affect your future budget? N
12. Does this affect the total number of personnel: N
13. If this is an additional position, please attach a job description N

FILED

AUG 05 2026

Martha J. Arnold-Turner
LAWRENCE COUNTY AUDITOR



Signature of Department Head

8/5/2026

Date

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Auditor

Date

Lawrence County
Request for Additional Appropriation
(Please complete all information)

FILED

AUG 06 2026

Martha L. Arnold-Turner
LAWRENCE COUNTY AUDITOR

1. Department: *Sheriff's office*
2. Department Head: *Dreg Day*
3. Fund Number: *1175*

(include line and location e.g. 1000.11100.0002)

39300-(New Line) Software Support

4. Fund Name: *Misdemeanant*

5. This is a request for an additional appropriation of \$ *5,000.⁰⁰*

6. Date of Council consideration: *August 25, 2026*

- | 7. Amount Budgeted
For current year | Amount Spent
to date | Additional/Transfers |
|--|-------------------------|----------------------|
| \$ <i>-</i> | \$ <i>-</i> | \$ <i>-</i> |

8. Current Balance: *N/A*

9. Justification for request: *New line for Software-timekeeping system used for Inmate Security Checks.*

10. What options are available?

11. How will this affect your future budget? *Does not*

12. Does this affect the total number of personnel: (Y or N)

13. If this is an additional position, please attach a job description (Y or N)



Signature of Department Head

08/06/2026

Date

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Auditor

Date